

Grant Project Number: _____

Date: _____

BUDGET SUMMARY FORM

BUDGET CATEGORY:	Law Enforcement	Prosecution	Victim Services	Courts	Discretionary
PERSONNEL: (LIST EACH POSITION TO BE FUNDED)					
A. _____ N or E					
B. _____ N or E					
C. _____ N or E					
D. _____ N or E					
E. _____ N or E					
Subtotal					
FRINGE BENEFITS:					
A. FICA					
B. Unemployment Insurance					
C. Health Insurance					
D. Workers' Compensation					
E. Other (Specify) _____					
Subtotal					
TRAVEL/TRAINING:					
A. Local Transportation					
B. Conferences/Workshops					
C. Other (Specify) _____					
Subtotal					
SUPPLIES AND COMMUNICATIONS:					
A. Supplies (specify in budget narrative)					
B. Telephone Expense					
C. Postage					
D. Printing					
Subtotal					
FACILITY COSTS:					
A. Rent					
B. Utilities					
C. Other (Specify) _____					
Subtotal					
EQUIPMENT:					
A. Equipment/Other Fixed Assets					
B. Equipment Repair & Maintenance					
C. Furniture					
Subtotal					
CONTRACTUAL SERVICES:					
A. _____					
B. _____					
C. _____					
Subtotal					
OTHER:					
A. Direct Assistance for Victims (specify in budget narrative)					
B. _____					
C. _____					
D. _____					
Subtotal					
TOTAL REQUEST:					

1. Total Proposed Grant Project _____

2. Federal VAWA Request: 74% of total proposed grant project _____

3. Non-Federal Cash Match Amount: 26% of total proposed grant project _____

4. Match Source: Cash Match
OR In-Kind _____

Signature of Authorized Certifying Official